PATIENT EDUCATION PROGRAM CONSENT & COMMUNICATIONS OPT-IN

Neuros Medical offers educational information and support related to post-amputation pain and Neuros Medical therapies, including information about treatment options, the treatment process, provider connections, and available support resources. Neuros Medical personnel may provide educational and coordination support, but do not provide medical advice, diagnose conditions, recommend treatment, determine therapy candidacy, or make clinical decisions. All medical decisions should be made in consultation with licensed health care providers.

Consent to Communications

By signing below, I authorize Neuros Medical and its employees, contractors, agents, service providers, and patient support personnel to contact me about educational information, treatment pathways, provider connections, care coordination, scheduling, follow-up, patient support resources, and device-related support throughout my treatment pathway. Neuros Medical may contact me by telephone, text message, email, postal mail, or other electronic communication methods.

Text Message Consent

By providing my mobile number and my consent in this form, I consent to receive text messages from or on behalf of Neuros Medical for this patient support program. Message and data rates may apply. Message frequency may vary. I may opt out at any time by replying STOP or contacting Neuros Medical.

Consent to Care Coordination and Provider Connections

I authorize Neuros Medical to use the information provided by me, or those I authorize to provide information, to communicate with me, help connect me with health care providers, facilitate communications with providers involved in my care, assist with information or documentation I elect to share, and coordinate educational, logistical, and support activities related to Neuros Medical therapies. To assist me in locating a provider, Neuros Medical may provide options based on objective criteria such as geography, availability, and therapy experience. Neuros Medical will not provide medical advice or treatment recommendations.

Information We Collect; Retention

- Neuros Medical may collect and maintain information I voluntarily provide, or I authorize my health care provider(s) to share, including my name, contact information, date of birth, ZIP code, communication preferences, insurance information, interest in Neuros Medical therapies, medical records, and other health information.
- Neuros Medical may retain my contact information, communication preferences, and participation records to provide requested materials, ongoing patient support, care coordination, quality, safety, and product support, and to respond to future inquiries I initiate.

Voluntary Participation

My participation is voluntary. I may withdraw this consent at any time by notifying Neuros Medical at:

Neuros Medical, Inc.
1212 Red Fox Rd
Arden Hills, MN 55112
Email: info@neurosmedical.com
Phone: 440-951-2565

Withdrawal of consent will not affect actions already taken based on my prior consent. For more details regarding Neuros Medical's privacy practices, please see our complete privacy policy on our website at https://www.neurosmedical.com/privacy-policy-terms-of-use/

If completed electronically, I agree that my electronic signature, typed name, checkbox acknowledgment, or other legally recognized electronic authentication has the same effect as a handwritten signature.